



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Audits Branch – Bay and Central Region  
1515 Clay Street, Suite 1109, Oakland, CA 94612  
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August 18, 2009

Kim Suderman, Director  
Alcohol and Drug Administration  
Yolo County Department of Alcohol,  
Drug and Mental Health  
137 North Cottonwood Street, Suite 2500  
Woodland, CA 95695

Dear Ms. Suderman:

Yolo County, Department of Alcohol, Drug and Mental Health  
Appeal Settlement  
Fiscal Period Ended June 30, 2002

In accordance with California Welfare and Institutions Code Section 14171, the audit report for Yolo County Mental Health Services for the fiscal period ended June 30, 2002, has been revised to incorporate agreements reached by and between the State Department of Mental Health and Yolo County Mental Health Services.

In our opinion, the amounts shown in the accompanying Summary of Federal Share of Federal Short-Doyle/Medi-Cal and State General funds under the EPSDT program (Schedule 1) represent the net amount allowable according to the above mentioned statute. The effect of this revised allowable program cost is as follows:

## Net Program Costs

	<u>As Audited</u>	<u>Per Formal Appeal</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$3,162,242	\$4,061,256	\$ 899,385
State General Funds EPSDT Due County	\$1,168,657	\$1,603,725	\$ 435,068

If you have any questions, please contact Shirley Castaneda at (510) 622-2288.

Sincerely,

WALTER J. HILL, Jr. MBA, EA  
Chief of Audits

SHIRLEY CASTANEDA, Supervisor  
Audits Branch – Bay and Central Region

Enclosure

Certified Mail

**SCHEDULE 1**

**YOLO COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2002**

		<u>As Audited</u>	<u>Audit Adjustment</u>	<u>Per Formal Appeal</u>
<b><u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u></b>				
COUNTY - FFP	(Sch. 2a)	\$ 1,870,531	\$ 184,683	\$ 2,055,214
CONTRACT PROVIDERS - FFP	(Sch. 3b)	<u>1,291,610</u>	<u>714,702</u>	<u>2,006,312</u>
TOTAL		<u>\$ 3,162,141</u>	<u>\$ 899,385</u>	<u>\$ 4,061,526</u>
<b><u>SUMMARY OF STATE GENERAL FUNDS</u></b>				
EPSDT - SGF	(Sch. 4)	<u>\$ 1,168,657</u>	<u>\$ 435,068</u>	<u>\$ 1,603,725</u>

**SCHEDULE 2**

**YOLO COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2002**

**COUNTY OPERATED FEDERAL**

		<u>As Audited</u>	<u>Audit Adjustment</u>	<u>Per Formal Appeal</u>
<b>Total Medi-Cal Gross Reimbursement</b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	2,925,376	269,395	3,194,771
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 2,925,376</u>	<u>\$ 269,395</u>	<u>\$ 3,194,771</u>

**Less: Patient & Other Payor Revenues**

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Net Reimbursement for Direct Services**

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	2,925,376	269,395	3,194,771
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 2,925,376</u>	<u>\$ 269,395</u>	<u>\$ 3,194,771</u>

**Medi-Cal MAA Reimbursement**

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**SCHEDULE 2a**

**YOLO COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2002**

**COUNTY OPERATED FEDERAL**

		<u>As Audited</u>	<u>Audit Adjustment</u>	<u>Per Formal Appeal</u>
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Administrative Reimbursement**

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 1,063,023	\$ 249,136	\$ 1,312,159
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 559,475	\$ 69,599	\$ 629,074
39. Medi-Cal Administrative Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 559,475</u>	<u>\$ 69,599</u>	<u>\$ 629,074</u>

**Healthy Families Administrative Reimbursement**

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Utilization Review Reimbursement**

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 95,880	\$ 12,508	\$ 108,388
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ 32,405	\$ 4,227	\$ 36,632

**Net SD/MC Reimbursement - FFP**

45. Direct Services	(MH1979, Ln 16,16A)	\$ 1,502,680	\$ 138,390	\$ 1,641,070
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	279,738	34,799	314,537
50. U.R. Skilled Professional	(MH1979, Ln 14)	71,910	9,381	81,291
51. U.R. Other	(MH1979, Ln 15)	16,203	2,113	18,316
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 1,870,531</u>	<u>\$ 184,683</u>	<u>\$ 2,055,214</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 1,870,531</u>	<u>\$ 184,683</u>	<u>\$ 2,055,214</u>
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**Net Healthy Families Reimbursement - FFP**

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 1,870,531</u>	<u>\$ 184,683</u>	<u>\$ 2,055,214</u>
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(To Sch. 1)

YOLO COUNTY  
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST  
FISCAL PERIOD ENDED JUNE 30, 2002

Legal Entity Number	Legal Entity	(1) Medi-Cal & Crossover Gross Cost	(2) Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Medi-Cal & Crossover Gross Cost	(7) Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		(MH 1968) (Ln 5, 5A, 10, 10A)	(MH 1968) (Ln 16, 16A)	(MH 1968) (Ln 22)	(Col. 1 to 3)	(MH 1968) (Ln 27, 27A)	(MH 1968) (Ln 5, 5A, 10, 10A)	(MH 1968) (Ln 16, 16A)	(MH 1968) (Ln 22)	(Col. 6 to 8)	(MH 1968) (Ln 27, 27A)
120	FamiliesFirst, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,464,896	\$ 0	\$ 0	1,464,896	0
241	Crestwood Behavioral Health	0	0	0	0	0	190,855	0	0	190,855	0
386	Millous Children's Services, Inc	0	0	0	0	0	43,884	0	0	43,884	0
464	Yolo Community Care Continuum	0	0	0	0	0	877,130	0	0	877,130	0
476	Yolo Family Service Agency	0	0	0	0	0	206,005	0	0	206,005	0
484	North Valley Schools	0	0	0	0	0	33,782	0	0	33,782	0
529	Willow Glen Care Center	0	0	0	0	0	176,660	0	0	176,660	0
707	Pine Manor Residential	0	0	0	0	0	258,060	0	0	258,060	0
774	Lekotek Family Resource Center	0	0	0	0	0	54,509	0	0	54,509	0
775	Yolo Connections	0	0	0	0	0	134,730	0	0	134,730	0
875	Communicare Health Centers	0	0	0	0	0	152,644	0	0	152,644	0
876	Mobile Crisis, Suicide Prevention	0	0	0	0	0	58,592	0	0	58,592	0
877	Sexual Assault and Domestic Violence	0	0	0	0	0	0	0	0	0	0
890	Woodland Youth Services	0	0	0	0	0	57,087	0	0	57,087	0
922	Rosewood Care Center	0	0	0	0	0	197,395	0	0	197,395	0

GRAND TOTAL

\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,906,230	\$ 0	\$ 0	\$ 3,906,230	\$ 0
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YOLO COUNTY  
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST  
FISCAL PERIOD ENDED JUNE 30, 2002

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968) (Ln 28 to 30)	(MH 1968) (Ln 31)	(MH 1968) (Ln 28 to 30)	(MH 1968) (Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979) (Ln 11-13)
120	FamiliesFirst, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,464,896	\$ 0	0
241	Crestwood Behavioral Health	0	0	0	0	0	0	190,855	0	0
386	Milious Children's Services, Inc	0	0	0	0	0	0	43,884	0	0
464	Yolo Community Care Continuum	0	0	0	0	0	0	877,130	0	0
476	Yolo Family Service Agency	0	0	0	0	0	0	206,005	0	0
484	North Valley Schools	0	0	0	0	0	0	33,782	0	0
529	Willow Glen Care Center	0	0	0	0	0	0	176,660	0	0
707	Pine Manor Residential	0	0	0	0	0	0	258,060	0	0
774	Lekotek Family Resource Center	0	0	0	0	0	0	54,509	0	0
775	Yolo Connections	0	0	0	0	0	0	134,730	0	0
875	Communicare Health Centers	0	0	0	0	0	0	152,644	0	0
876	Mobile Crisis, Suicide Prevention	0	0	0	0	0	0	58,592	0	0
877	Sexual Assault and Domestic Violence	0	0	0	0	0	0	0	0	0
890	Woodland Youth Services	0	0	0	0	0	0	57,087	0	0
922	Rosewood Care Center	0	0	0	0	0	0	197,395	0	0

GRAND TOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	3,906,230	\$ 0	0
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YOLO COUNTY  
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST  
FISCAL PERIOD ENDED JUNE 30, 2002

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP)	(21) Neg. Rates Exceed Costs Healthy Families	(22) Neg. Rates Exceed Costs (Excl. HFP)	(23) Neg. Rates Exceed Costs Healthy Families	(24) Total SD/MC Reimbursement (FFP)	(25) Healthy Families Reimbursement (FFP)	(26) Total Reimbursement (FFP)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT		MH 1979, Line 21	MH 1979, Ln. 18D	(Col. 21 + 22)		
		MH 1968 (Ln 38 to 39)	MH 1968 (Ln 40 to 40A)	MH 1968 (Ln 38 to 39)	MH 1968 (Ln 40 to 40A)					
120	FamiliesFirst, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 752,410	\$ 0	\$ 752,410	\$ 909,521	\$ 752,410
241	Crestwood Behavioral Health	0	0	0	0	98,018	0	98,018	462,447	98,018
386	Milous Children's Services, Inc.	0	0	0	0	22,540	0	22,540	53,970	22,540
464	Yolo Community Care Continuum	0	0	0	0	450,505	0	450,505	500,024	450,505
476	Yolo Family Service Agency	0	0	0	0	105,810	0	105,810	233,429	105,810
484	North Valley Schools	0	0	0	0	17,347	0	17,347	82,960	17,347
529	Willow Glen Care Center	0	0	0	0	90,735	0	90,735	92,520	90,735
707	Pine Manor Residential	0	0	0	0	132,549	0	132,549	154,200	132,549
774	Lekotek Family Resource Center	0	0	0	0	27,990	0	27,990	41,470	27,990
775	Yolo Connections	0	0	0	0	69,202	0	69,202	81,270	69,202
875	Communicare Health Centers	0	0	0	0	78,409	0	78,409	137,865	78,409
876	Mobile Crisis, Suicide Prevention	0	0	0	0	30,091	0	30,091	113,317	30,091
877	Sexual Assault and Domestic Violence	0	0	0	0	0	0	0	29,988	0
890	Woodland Youth Services	0	0	0	0	29,325	0	29,325	30,046	29,325
922	Rosewood Care Center	0	0	0	0	101,382	0	101,382	113,080	101,382

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 2,006,312 \$ 0 \$ 2,006,312 \$ 3,036,107 \$ 2,006,312  
(To Sch. 1)

**SCHEDULE 4**

**YOLO COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2002**

	As Audited	Adjustment	Per Formal Appeal
(1) SD/MC Actuals (Source: MH 1979, Lns. 16, 16A, 17, 17A, 18) (Including Contractors)	\$5,440,093	\$ 1,660,907	\$ 7,101,000
(2) Total SD/MC Claims	\$8,271,364	\$0	\$8,271,364
(3) Percent (Line 1/Line 2)	65.77%	20.08%	85.85%
(4) EPSDT Claims	\$4,454,468	\$0	\$4,454,468
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	\$2,929,713	\$894,466	\$3,824,179
(6) Cost Settled Baseline for EPSDT	\$527,047	\$0	\$527,047
(7) Net Cost Settlement Amount (Line 5 - Line 6)	\$2,402,666	\$894,466	\$3,297,132
(8) 48.64% of Net Cost Settlement Amount Line 7 X 48.64%)	\$1,168,657	\$435,068	\$1,603,725
(9) SGF Distribution Settled and Audited	\$1,168,657	\$0	\$1,168,657
(10) SGF due County	\$0	\$435,068	\$435,068 (To Sch. 1)

**Sources:**

- Line 1 Total CFRS SD/MC actuals after final settlement (Col. 1) and Audit (Col 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- Line 2 Total SD/MC paid claims (total non-hospital, including PHF's) by county submitting claims (includes contract providers, excludes Healthy Families).
- Line 4 SD/MC paid claims for children under 21 years of age (full scope, non-hospital including PHF's) including new aid codes by County of Beneficiary.
- Line 6 Cost Settled Baseline for 2001-2002, includes increase for FFS/MC provider rate increase.
- Line 9 SGF gross distribution (see DMH Letter, January 14,2002). Includes adjustment for additional SGF and ASO non participants.
- Line 10 Amount owed back to the State cannot be more than was advanced or settled.



## AUDIT ADJUSTMENTS

Provider YOLO COUNTY				Provider Number 00057	No. of Adj. 56	Fiscal Period Ended June 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Formal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO AUDITED COSTS</u></b>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To adjust expenses to exclude contractors cost pertaining to Mobile Crisis. The cost is reclassified to the contractor's cost report.  HCFA PUB. 15-1 SEC. 2304	\$ 8,441,154	\$ (220,461)	\$ 8,220,693 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To include ASO costs which was not included in the general ledger.  HCFA PUB. 15-1 SEC. 2304	** \$ 8,220,693	\$ 22,993	\$ 8,243,686
3	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 559,475	\$ 69,599	\$ 629,074
4	MH 1960	11	C	NON SD/MC ADMINISTRATION	754,690	(69,599)	685,091
5	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	<u>\$ 1,314,165</u>		<u>\$ 1,314,165</u>
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal to reflect the correction made on units and costs.			
6	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	\$ 95,880	\$ 12,508	\$ 108,388
7	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW	32,405	4,227	36,632
8	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW	127,212	(16,735)	110,477
9	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 255,497</u>		<u>\$ 255,497</u>
				To reallocate total utilization review costs to Skilled Professional and non SD/MC UR costs to reflect the correction made on units and costs.			
10	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)  To adjust Direct Services in conjunction with audit adjustment number 1.	\$ 6,871,492	\$ (220,461)	\$ 6,651,031 *
11	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)  To adjust Direct Services in conjunction with audit adjustment number 2.	** \$ 6,651,031	\$ 22,993	\$ 6,674,024
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
YOLO COUNTY				00057	56	June 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Formal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u></b>			
12	MH 1964	4	1	DAY SERVICES (MODE 10)	\$ 388,525	\$ 74,948	\$ 463,473
13	MH 1964	5	1	OUTPATIENT SERVICE (MODE 15)	<u>5,437,562</u>	<u>(334,769)</u>	<u>5,102,793</u> *
14	MH 1964	4+5	1	MODE COSTS (DIRECT SERVICES AND MAA)	<u>\$ 5,826,087</u>	<u>\$ (259,821)</u>	<u>\$ 5,566,266</u> *
				To distribute audited Direct Services costs (Medi-Cal Modes) to Day Services and Outpatient Services using the Relative Value method based on Published Charges to reflect adjustment number 10 and 11.			
15	MH 1964	5	1	OUTPATIENT SERVICE (MODE 15)	** \$ 5,102,793	\$ 62,353	\$ 5,165,146
16	MH 1964	4+5	1	MODE COSTS (DIRECT SERVICES AND MAA)	** \$ 5,566,266	\$ 62,353	\$ 5,628,619
				To adjust Phase II Managed Care Funds to include ASO costs and correct manage care costs under Program 2 to agree with County records.			
				HCFA PUB. 15-1 SEC. 2304			
17	MH1966	4	B	FFS PSYCHIATRIST 15-69	\$ 1.79	\$ (1.41)	\$ 0.38
18	MH1966	4	C	FFS PSYCHOLOGIST 15-31	\$ 0.69	\$ 0.03	\$ 0.72
Info.	MH1966	4	D	FFS LCSW 15-32	\$ 0.70	\$ 0.00	\$ 0.70
19	MH1966	4	E	FFS LMFT 15-33	\$ 0.68	\$ (0.01)	\$ 0.67
20	MH1966	4	F	ASO 15-10	\$ 0.00	\$ 1.11	\$ 1.11
21	MH1966	4	G	ASO 15-30	\$ 0.00	\$ 1.11	\$ 1.11
22	MH1966	4	H	ASO 15-60	\$ 0.00	\$ 1.11	\$ 1.11
				To adjust the cost per unit of the program II expenditures to agree with County records.			
				HCFA PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
YOLO COUNTY				00057	56	June 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Formal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO AUDITED UNITS</u></b>			
Info.	MH 1966A	2	B	TOTAL UNITS-MODE 15-69 FFS Psychiatrist 15-69	120	0	120
23	MH 1966A	2	C	TOTAL UNITS-MODE 15-31 FFS Psychologist 15-31	12,820	60	12,880
Info.	MH 1966A	2	D	TOTAL UNITS-MODE 15-32 FFS LCSW 15-32	1,320	0	1,320
24	MH 1966A	2	E	TOTAL UNITS-MODE 15-33 FFS LMFT 15-33	1,020	5,590	6,610
25	MH 1966A	2	F	ASO 15-10	0	1,500	1,500
26	MH 1966A	2	G	ASO 15-30	0	39,630	39,630
27	MH 1966A	2	H	ASO 15-60	0	1,905	1,905
28				TOTAL	<u>15,280</u>	<u>48,685</u>	<u>63,965</u>
				To adjust total units of the program II expenditures to agree with County records.			
				HCFA PUB. 15-1 SEC. 2304			
29	MH 1966A	2	B	TOTAL UNITS-MODE 10-85	2,366	725	3,091
30	MH 1966A	2	B	TOTAL UNITS-MODE 15-01	343,889	2,049	345,938
31	MH 1966A	2	C	TOTAL UNITS-MODE 15-10	160,110	1,414,562	1,574,672
32	MH 1966A	2	D	TOTAL UNITS-MODE 15-30	1,349,256	(1,349,256)	
33	MH 1966A	2	E	TOTAL UNITS-MODE 15-60	318,332	3,881	322,213
34	MH 1966A	2	F	TOTAL UNITS-MODE 15-70	139,850	1,732	141,582
35				TOTAL	<u>2,313,803</u>	<u>73,693</u>	<u>2,387,496</u>
				To adjust total units to agree with County revised total units report submitted on June 29, 2009 and to group service function codes (SFC) 10 & 30 per County's request.			
				HCFA PUB. 15-1 SEC. 2304			
				<b><u>ADJUSTMENTS TO AUDITED UNITS - COUNTY PROVIDERS</u></b>			
36	MH 1966A	8 + 9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.25%	261,943	55,743	317,686 *
37	MH 1966A	8A + 9A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	924,555	166,686	1,091,241 *
				To adjust Medi-Cal units to agree with County revised Medi-Cal units report submitted on June 29, 2009.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				YOLO COUNTY		Provider Number	No. of Adj.	Fiscal Period Ended	
						00057	56	June 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Audited	Increase (Decrease)	Per Formal Appeal
Adj. No.	Form/ Sch.	Line	Col.						
<u>ADJUSTMENTS TO AUDITED UNITS - COUNTY PROVIDERS</u>									
38	MH 1966A	8 + 9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.25%	**	317,686	(13,214)	304,472
39	MH 1966A	8A + 9A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.40%	**	1,091,241	(11,305)	1,079,936
To adjust Medi-Cal units to the lesser of the DMH Summary of Approved Claims or revised County records.									
<u>ADJUSTMENTS TO AUDITED UNITS - CONTRACT PROVIDERS</u>									
40	MH 1966A	2		TOTAL UNITS - Family Frist			776,679	1,308	777,987
41	MH 1966A	2		TOTAL UNITS - Yolo Family Services Agency			132,260	28,488	160,748
42	MH 1966A	2		TOTAL UNITS - Lekotek Family Resource Center			26,224	(1,447)	24,777
43	MH 1966A	2		TOTAL UNITS - Yolo Connections			75,489	(264)	75,225
44	MH 1966A	2		TOTAL UNITS - Communicare Health Centers			72,072	(173)	71,899
45	MH 1966A	2		TOTAL UNITS - Mobile Crisis			0	152,542	152,542
46	MH 1966A	2		TOTAL UNITS -Woodland Youth Services			27,783	563	28,346
To adjust audited total units to agree with County revised total units report submitted on June 29, 2009.									
HCFA PUB. 15-1 SEC. 2304									
47	MH 1966A	8 + 9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.25%		250,239	24,247	274,486 *
48	MH 1966A	8A + 9A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.40%		400,150	417,261	817,411 *
To adjust Medi-Cal plus Medi/Medi units to agree with County revised Medi-Cal units report submitted on June 29, 2009.									
49	MH 1966A	8 + 9	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.25%	**	274,486	(3,813)	270,673 *
50	MH 1966A	8A + 9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.40%	**	817,411	(14,237)	803,174 *
To adjust Medi-Cal plus Medi/Medi units to the lesser of the DMH Summary of Approved Claims or the County records.									
* Balance carried forward to subsequent adjustment.									
** Balance brought forward from prior adjustment.									

## AUDIT ADJUSTMENTS

Provider				YOLO COUNTY		Provider Number	No. of Adj.	Fiscal Period Ended	
						00057	56	June 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Audited	Increase (Decrease)	Per Formal Appeal
Adj. No.	Form/ Sch.	Line	Col.						
<b><u>ADJUSTMENTS TO AUDITED UNITS - CONTRACT PROVIDERS</u></b>									
51	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.25%	**	270,673	(180)	270,493 *
Info.	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.40%	**	803,174	0	803,174 *
To eliminate Medi/Medi units for settlement purposes.									
Info.	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.25%	**	270,493	0	270,493
52	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	51.40%	**	803,174	(330)	802,844
To eliminate Sexual Assault Medi-Cal units due to no treatment costs reported per the Contractor's cost report.									
<b><u>ADJUSTMENTS TO AUDITED SHORT-DOYLE /MEDI-CAL SETTLEMENT</u></b>									
53	MH 1979	2	C	CONTRACT PROVIDERS MEDI-CAL DIRECT SVCS. GROSS REIMBURSEMENT			\$ 2,514,717	\$ 1,391,513	\$ 3,906,230
To adjust Contract Provider Direct Medi-Cal Gross Reimbursement to reflect the corrections made on the contract providers costs and SD/MC units of service/time.									
54	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY			\$ 1,870,531	\$ 184,683	\$ 2,055,214
55	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS			1,291,610	714,702	2,006,312
							<u>\$ 3,162,141</u>	<u>\$ 899,385</u>	<u>\$ 4,061,526</u>
To adjust Total SD/MC Reimbursement (FFP) to reflect the corrections made on costs and units for the County and Contract Providers.									
56	SCH 4			EPSDT - SGF			\$ 1,168,657	\$ 435,068	\$ 1,603,725
To adjust the settlement under the EPSDT program to reflect the corrections made on the costs and revised units of service/time for County and Contract Providers.									
* Balance carried forward to subsequent adjustment.									
** Balance brought forward from prior adjustment.									

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS  
MH 1960 (07/02)

Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

Legal Entity: YOLO COUNTY		A	B	C
Legal Entity Number: 00057		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	6,141,947	9,932,215	16,074,162
2	Encumbrances		783,935	783,935
3	Less: Payments to Contract Providers (County Only)		(7,345,892)	(7,345,892)
4	Other Adjustments (Provide Detail)		(1,252,089)	(1,252,089)
5	Total Costs Before Medi-Cal Adjustments	6,141,947	2,118,169	8,260,116
6	Medi-Cal Adjustments from MH 1961			(16,430)
7	Managed Care Consolidation (County Only)			0
8	Allowable Costs for Allocation			8,243,686
	Administrative Costs (County Only)			
9	SD/MC Administration			629,074
10	Healthy Families Administration			
11	Non-SD/MC Administration			685,091
12	Total Administrative Costs			1,314,165
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			108,388
14	Other SD/MC Utilization Review			36,632
15	Non-SD/MC Utilization Review			110,477
16	Total Utilization Review Costs			255,497
17	Research and Evaluation (County Only)			0
18	Mode Costs (Direct Service and MAA)			6,674,024
19	Total Costs - Lines 9 through 18			8,243,686

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
MEDI-CAL ADJUSTMENTS TO COSTS  
MH 1961 (07/02)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

Legal Entity: YOLO COUNTY		A	B	C
Legal Entity Number: 00057		Salaries and Benefits	Other	Total Adjustments
1	ANNUAL DEPRECIATION		42,588	42,588
2	DEPRECIATION SCHEDULE		80,469	80,469
3				
4	Audit Adjustments:			
5	To eliminate duplicated		(42,588)	(42,588)
6	To eliminate depreciation expenses		(80,469)	(80,469)
7	To include depreciation expenses of previous year audit		53,900	53,900
8	To Adjust A-87 cost to agree with county records		127,138	127,138
9	To remove Mobile Crisis contract payment was		(220,461)	(220,461)
10	reported under County program I			
11	To include ASO costs which was not included		22,993	22,993
12	in the County's general ledger			
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>		(16,430)	(16,430)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**  
**ALLOCATION OF COSTS TO MODES OF SERVICE**  
**MH 1964 (07/02)**

**DEPARTMENT OF MENTAL HEALTH**  
**Fiscal Year 2001-2002**

County: YOLO COUNTY  
County Code: 57

Legal Entity: YOLO COUNTY		A
Legal Entity Number: 00057		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	6,674,024
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	463,473
5	Outpatient Services (Mode 15 Program 1 + Program 2)	5,165,146
6	Outreach Services (Mode 45)	187
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	1,045,218
9	Total - Lines 2 through 8	6,674,024



## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

CR

Legal Entity: YOLO COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00057			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				85					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			3,091					
3	Gross Cost		463,473	463,473					
4	Cost per Unit			149.94					
5	SMA per Unit			171.59					
6	Published Charge per Unit			171.59					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		374					
8A		10/01/01 - 06/30/02		1,690					
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units			1,027					
13	Medi-Cal Costs	07/01/01 - 09/30/01	56,079	56,079					
13A		10/01/01 - 06/30/02	253,403	253,403					
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	64,175	64,175					
14A		10/01/01 - 06/30/02	289,987	289,987					
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	64,175	64,175					
15A		10/01/01 - 06/30/02	289,987	289,987					
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		153,991	153,991					

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

Legal Entity: YOLO COUNTY		A	CR B Service Function	CR C Service Function	CR D Service Function	CR E Service Function	F Service Function	G Service Function
Legal Entity Number: 00057		Mode Total	01	10	60	70		
Mode: 15 - Outpatient (Program 1)								
1	Allocation Percentage	100.00%	10.13%	59.33%	22.57%	7.98%		
2	Total Units		345,938	1,574,672	322,213	141,582		
3	Gross Cost	5,102,793	516,925	3,027,234	1,151,594	407,040		
4	Cost per Unit		1.49	1.92	3.57	2.87		
5	SMA per Unit		1.71	2.20	4.09	3.29		
6	Published Charge per Unit		1.71	2.20	4.09	3.29		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/01 - 09/30/01	51,794	186,391	44,267	12,526		
8A		10/01/01 - 06/30/02	145,847	701,450	142,998	44,071		
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01						
9A		10/01/01 - 06/30/02						
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01						
10A		10/01/01 - 06/30/02						
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02						
11	Healthy Families (SED) Units	07/01/01 - 09/30/01						
11A		10/01/01 - 06/30/02						
12	Non-Medi-Cal Units		148,297	686,831	134,948	84,985		
13	Medi-Cal Costs	07/01/01 - 09/30/01	629,945	77,394	358,328	158,211	36,012	
13A		10/01/01 - 06/30/02	2,204,218	217,935	1,348,505	511,077	126,702	
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	720,891	88,568	410,060	181,052	41,211	
14A		10/01/01 - 06/30/02	2,522,444	249,398	1,543,190	584,862	144,994	
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	720,891	88,568	410,060	181,052	41,211	
15A		10/01/01 - 06/30/02	2,522,444	249,398	1,543,190	584,862	144,994	
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01						
16A		10/01/01 - 06/30/02						
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01						
17A		10/01/01 - 06/30/02						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01						
18A		10/01/01 - 06/30/02						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01						
19A		10/01/01 - 06/30/02						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01						
20A		10/01/01 - 06/30/02						
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01						
21A		10/01/01 - 06/30/02						
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01						
22A		10/01/01 - 06/30/02						
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01						
23A		10/01/01 - 06/30/02						
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01						
24A		10/01/01 - 06/30/02						
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02						
29	Healthy Families Costs	07/01/01 - 09/30/01						
29A		10/01/01 - 06/30/02						
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01						
30A		10/01/01 - 06/30/02						
31	Healthy Families Published Charges	07/01/01 - 09/30/01						
31A		10/01/01 - 06/30/02						
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01						
32A		10/01/01 - 06/30/02						
33	Non-Medi-Cal Costs		2,268,630	221,596	1,320,401	482,306	244,327	

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

## DETAIL COST REPORT

PAGE 1 OF 2  
Fiscal Year 2001-2002County: YOLO COUNTY  
County Code: 57

			MHS	MHS	MHS	MHS	ASO	ASO
Legal Entity: YOLO COUNTY			A	B	C	D	E	G
Legal Entity Number: 00057				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function
				69	31	32	33	10
								30
1	Allocation Percentage		100.00%	0.07%	14.95%	1.48%	7.15%	2.66%
2	Total Units			120	12,880	1,320	6,610	1,500
3	Gross Cost		62,353	45	9,320	920	4,460	1,659
4	Cost per Unit			0.38	0.72	0.70	0.67	1.11
5	SMA per Unit			4.09	2.20	2.20	2.20	2.20
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/01 - 09/30/01			3,360	240		840
8A		10/01/01 - 06/30/02		30	9,280	840	5,110	660
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01						
9A		10/01/01 - 06/30/02						
10	Enhanced SD/MC Units	07/01/01 - 09/30/01						
10A		10/01/01 - 06/30/02						
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02						
11	Healthy Families (SED) Units	07/01/01 - 09/30/01						
11A		10/01/01 - 06/30/02						
12	Non-Medi-Cal Units			90	240	240	1,500	8,415
13	Medi-Cal Costs	07/01/01 - 09/30/01	8,705		2,431	167		929
13A		10/01/01 - 06/30/02	42,421	11	6,715	585	3,448	730
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	20,858		7,392	528		1,848
14A		10/01/01 - 06/30/02	98,492	123	20,416	1,848	11,242	1,452
15	Medi-Cal Published Charges	07/01/01 - 09/30/01						
15A		10/01/01 - 06/30/02						
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01						
16A		10/01/01 - 06/30/02						
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01						
17A		10/01/01 - 06/30/02						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01						
18A		10/01/01 - 06/30/02						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01						
19A		10/01/01 - 06/30/02						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01						
20A		10/01/01 - 06/30/02						
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01						
21A		10/01/01 - 06/30/02						
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01						
22A		10/01/01 - 06/30/02						
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01						
23A		10/01/01 - 06/30/02						
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01						
24A		10/01/01 - 06/30/02						
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02						
29	Healthy Families Costs	07/01/01 - 09/30/01						
29A		10/01/01 - 06/30/02						
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01						
30A		10/01/01 - 06/30/02						
31	Healthy Families Published Charges	07/01/01 - 09/30/01						
31A		10/01/01 - 06/30/02						
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01						
32A		10/01/01 - 06/30/02						
33	Non-Medi-Cal Costs		11,227	34	174	167	1,012	(0)

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

## DETAIL COST REPORT

PAGE 2 OF 2  
Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

ASO

Legal Entity: YOLO COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00057			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)									
			60						
1	Allocation Percentage		3.38%						
2	Total Units		1,905						
3	Gross Cost		2,108						
4	Cost per Unit		1.11						
5	SMA per Unit		4.09						
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01	420						
8A		10/01/01 - 06/30/02	1,005						
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units		480						
13	Medi-Cal Costs	07/01/01 - 09/30/01	465						
13A		10/01/01 - 06/30/02	1,112						
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	1,718						
14A		10/01/01 - 06/30/02	4,110						
15	Medi-Cal Published Charges	07/01/01 - 09/30/01							
15A		10/01/01 - 06/30/02							
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		531						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

DETAIL COST REPORT

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Fiscal Year 2001-2002

County: YOLO COUNTY

County Code: 57

CR

Legal Entity: YOLO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00057		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		1					
3	Gross Cost	187	187					
4	Cost per Unit		187.00					
5	Non-Medi-Cal Units		1					
6	Non-Medi-Cal Costs	187	187					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (07/02)

DEPARTMENT OF MENTAL HEALTH  
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Fiscal Year 2001-2002

County: YOLO COUNTY  
County Code: 57

CR

Legal Entity: YOLO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00057		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		1					
3	Gross Cost	1,045,218	1,045,218					
4	Cost per Unit		1,045,218					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	1,045,218	1,045,218					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT  
MH 1968 (07/02)

Fiscal Year 2001-2002

County YOLO COUNTY  
County Code. 57

Legal Entity: YOLO COUNTY			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00057			Mode 55 S. F.'s 01-09   S. F.'s 11-19, 31-39   S. F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/01 - 09/30/01											
1A		10/01/01 - 06/30/02											
2	Medi-Cal SMA	07/01/01 - 09/30/01											
2A		10/01/01 - 06/30/02											
3	Medi-Cal P. C.	07/01/01 - 09/30/01											
3A		10/01/01 - 06/30/02											
4	Medi-Cal N. R.	07/01/01 - 09/30/01											
4A		10/01/01 - 06/30/02											
5	Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01											
5A		10/01/01 - 06/30/02											
6	Medicare/Medi-Cal Crossover Cost	07/01/01 - 09/30/01											
6A		10/01/01 - 06/30/02											
7	Medicare/Medi-Cal Crossover SMA	07/01/01 - 09/30/01											
7A		10/01/01 - 06/30/02											
8	Medicare/Medi-Cal Crossover P. C.	07/01/01 - 09/30/01											
8A		10/01/01 - 06/30/02											
9	Medicare/Medi-Cal Crossover N. R.	07/01/01 - 09/30/01											
9A		10/01/01 - 06/30/02											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/01 - 09/30/01											
10A		10/01/01 - 06/30/02											
11	Total SD/MC + Crossover Gross Reim	07/01/01 - 09/30/01											
11A		10/01/01 - 06/30/02											
12	Enhanced SD/MC (Children) Cost	07/01/01 - 09/30/01											
12A		10/01/01 - 06/30/02											
13	Enhanced SD/MC (Children) SMA	07/01/01 - 09/30/01											
13A		10/01/01 - 06/30/02											
14	Enhanced SD/MC (Children) P. C.	07/01/01 - 09/30/01											
14A		10/01/01 - 06/30/02											
15	Enhanced SD/MC (Children) N. R.	07/01/01 - 09/30/01											
15A		10/01/01 - 06/30/02											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/01 - 09/30/01											
16A		10/01/01 - 06/30/02											
17	Enhanced SD/MC (Refugees) Cost	07/01/01 - 06/30/02											
18	Enhanced SD/MC (Refugees) SMA	07/01/01 - 06/30/02											
19	Enhanced SD/MC (Refugees) P. C.	07/01/01 - 06/30/02											
20	Enhanced SD/MC (Refugees) N. R.	07/01/01 - 06/30/02											
21	Total Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01											
21A	(Excludes Refugees)	10/01/01 - 06/30/02											
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/01 - 06/30/02											
23	Healthy Families Cost	07/01/01 - 09/30/01											
23A		10/01/01 - 06/30/02											
24	Healthy Families SMA	07/01/01 - 09/30/01											
24A		10/01/01 - 06/30/02											
25	Healthy Families P. C.	07/01/01 - 09/30/01											
25A		10/01/01 - 06/30/02											
26	Healthy Families N. R.	07/01/01 - 09/30/01											
26A		10/01/01 - 06/30/02											
27	Healthy Families Gross Reim	07/01/01 - 09/30/01											
27A		10/01/01 - 06/30/02											
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/01 - 09/30/01											
28A		10/01/01 - 06/30/02											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/01 - 09/30/01											
35A		10/01/01 - 06/30/02											
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/01 - 09/30/01											
37A		10/01/01 - 06/30/02											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/01 - 09/30/01											
38A		10/01/01 - 06/30/02											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/01 - 09/30/01											
40A		10/01/01 - 06/30/02											

## DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

County: YOLO COUNTY  
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